

Welcome!!

Community Forum — June, 2011



Maternal, Infant and Early Childhood Home Visiting Program
Kootenai & Shoshone Counties
Twin Falls & Jerome Counties

Maternal, Infant and Early Childhood Home Visiting Program



Laura DeBoer, Jacquie Daniel & Lachelle Smith

Audience Poll



- ☞ Know a parent
- ☞ Are a parent
- ☞ Know a child
- ☞ Know everything about parenting
- ☞ Know everything about health
- ☞ Know everything about social & emotional development





Home Visiting



- Primary service delivery strategy
- Offered on voluntary basis to pregnant women or families with children birth to kindergarten
- Embedded in a comprehensive, high-quality early childhood system that promotes maternal, infant & early childhood health, safety, development and strong parent-child relationships



Overview of Federal Program

- ∞ Federal program was established in 2010 to provide funds for “Evidence-Based Home Visiting Programs.”
- ∞ Every state had opportunity to apply for grant funds.
- ∞ Funding awarded to applicants upon successful completion of:
 - Initial Grant Application,
 - Home Visiting Needs Assessment, and
 - State Plan for the Home Visiting Program.



Maternal, Infant and Early Childhood Home Visiting

Program Purpose:

☞ *Designed to:*

- Strengthen & improve programs and activities carried out under Title V – Maternal & Child Health
- Improve coordination of services for at-risk communities
- Identify & provide comprehensive services to improve outcomes for families who reside in at-risk communities
- Integrate into the comprehensive early childhood systems initiatives and continuum of early childhood services



Program Priority Populations

- ☞ Low Income
- ☞ Pregnant women < 21 years
- ☞ History of involvement with child welfare or child abuse and neglect
- ☞ History of substance abuse need or treatment
- ☞ Use of tobacco products in the home
- ☞ Have other children with low student achievement
- ☞ Have children with developmental delays or disabilities
- ☞ Family members serving in armed forces



Participant and Program Outcomes



Legislatively Mandated Outcomes

- Improvement in program and participant outcomes by year 3
- Conduct Continuous Quality Improvement (CQI)

Outcome Areas

Maternal Health & Newborn Health	Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits
Improvements in School Readiness and Achievement	Crime or Domestic Violence*
Family Economic Self-Sufficiency	Coordination and Referrals for Other Community Resources and Supports

Key Partners

- ✧ Title V – Maternal and Child Health
- ✧ Head Start Collaboration Office
- ✧ Title IV – Child Welfare
- ✧ Title II – Child Abuse Prevention and Treatment, Children's Trust Fund
- ✧ Child Care and Development Fund
- ✧ State Agency for Substance Abuse – Division of Substance Abuse and Behavioral Health
- ✧ Early Childhood Comprehensive Systems Project

Grant Funds

∞ Funds awarded for FY10 available for expenditure thru September 2012 to support:

- statewide needs assessment,
- program planning,
- state plan,
- initial implementation,
- assessment activities,
- community engagement activities

∞ Additional competitive funds beginning FY11

- Development Grants: 2 year project periods for \$2.75 – 3.3 Million
- Expansion Grants: 4 year project periods for \$6.6 – 9.43 million

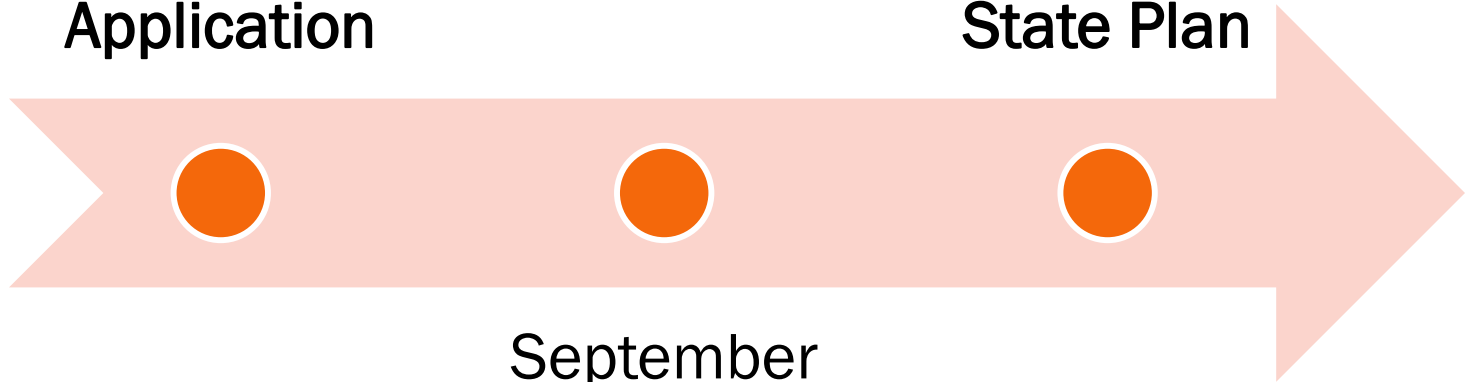
Funding Year	Amount (Base)	Project Period
FY 10	\$784,503	July 10 – Sept 12
FY 11	\$1,000,000	Sept 11 – Sept 12
FY 12	\$1,000,000	Sept 12 – Sept 13
FY 13	\$1,000,000	Sept 13 – Sept 14
FY 14	\$1,000,000	Sept 14 – Sept 15

Application Process

July 2010:
**Initial
Application**

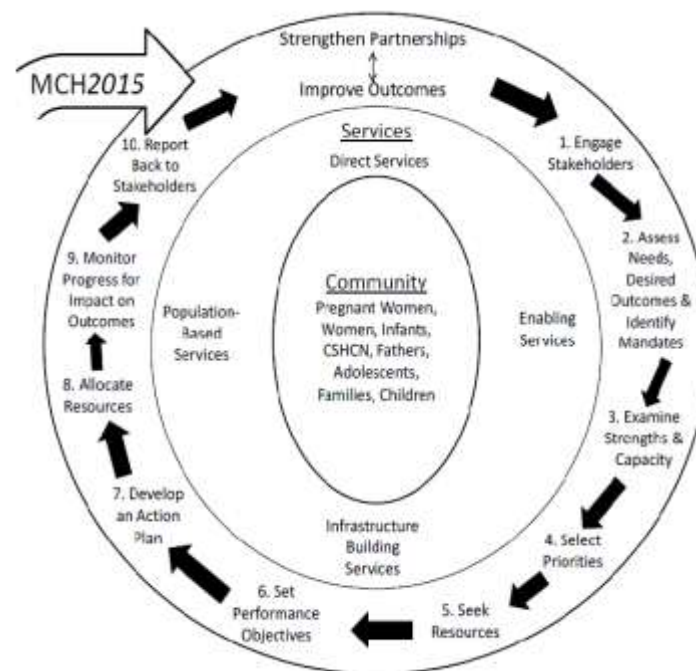
June 2011:
State Plan

September
2010:
**Needs
Assessment**



Needs Assessment Overview

- Complete statewide data report
- Identify and define “community”
- Complete a data report for each “community”
- Detail quality/capacity of existing home visitation programs in “at-risk communities”
- Detail capacity for providing substance abuse treatment and counseling services to individuals/families in “at-risk communities”
- Summarize of needs assessment results and discuss plan to address unmet needs



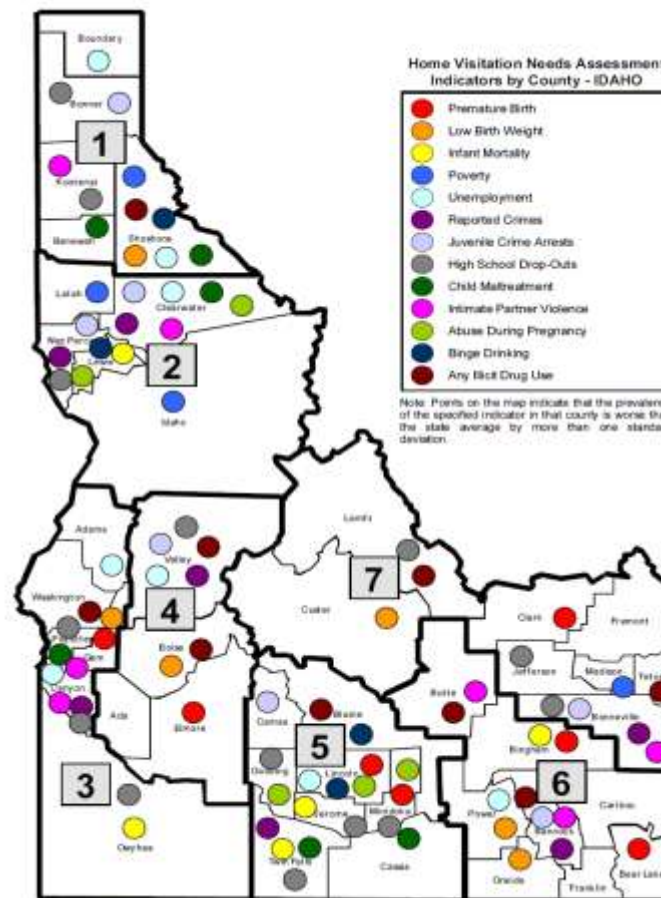
Currently Available Online at: www.homevisiting.dhw.idaho.gov

Complete Community Data Report

Risk Rating of “At Risk” Communities

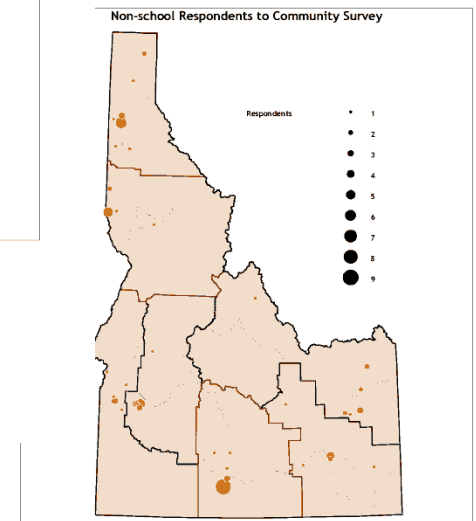
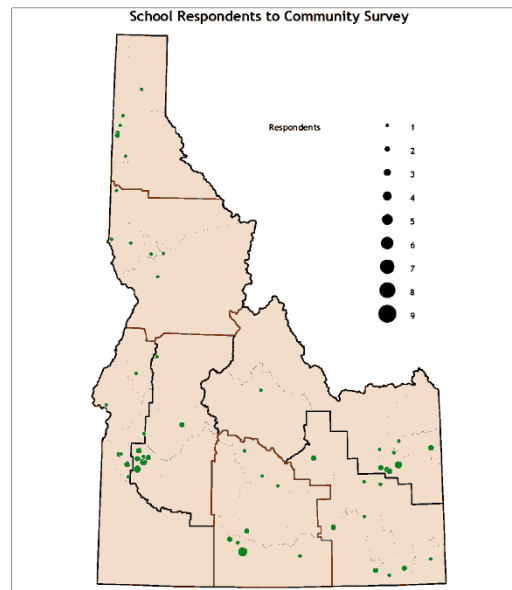
- **Public Health District 2:** 21.5%
- **Public Health District 1:** 18.5%
- **Public Health District 5:** 18.3%
- **Public Health District 3:** 16.7%
- **Public Health District 4:** 15.4%
- **Public Health District 6:** 11.5%
- **Public Health District 7:** 10.6%

Note: These percentages are proportions of risk and are not expected to total 100%.



Community Resource Survey

- ☞ Statewide
- ☞ March 25 – April 22
- ☞ 193 Responses
- ☞ Analysis In Progress....



Community Resource Survey
April 2011

When you have completed the survey, please submit the survey to: mtb@vaweb.org

Organizational Information

Name of Organization: _____
Name of Respondent: _____
Job Title of Respondent: _____
Street Address: _____
City/Town: _____ State: _____ Zip: _____
Phone Number: _____
E-mail Address: _____
Web Address: _____

Services

Please indicate which of the following services your organization provides. Service types are listed within topics, but answers are not required for all topics. Please check all that apply (answers may be repeated).

1. **Child Development and School Readiness**

<input type="checkbox"/> Developmental Disabilities Intervention	<input type="checkbox"/> Literacy Activities
<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Social-Emotional Development Support
<input type="checkbox"/> Developmentally Appropriate Activities	<input type="checkbox"/> Other: _____

2. **Child Health**

<input type="checkbox"/> Well Child Visits	<input type="checkbox"/> Hearing/Vision/Dental Screening	<input type="checkbox"/> Breastfeeding Support
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Nutrition Education	<input type="checkbox"/> Infant & Child Mental Health
<input type="checkbox"/> Height/Weight	<input type="checkbox"/> Developmental Screening	<input type="checkbox"/> Other: _____

3. **Resources & Coordination of Community Supports**

<input type="checkbox"/> Cross-Organizational Partnerships	<input type="checkbox"/> Case Management	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Referral Tracking and Follow-Up	

4. **Family Economic Self-Sufficiency**

<input type="checkbox"/> Adult Literacy Skills	<input type="checkbox"/> General Education	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Job Skills Training	

5. **Maternal Health**

<input type="checkbox"/> Alcohol/Tobacco/Substance	<input type="checkbox"/> Postpartum Care	<input type="checkbox"/> Prenatal Care
<input type="checkbox"/> Breastfeeding Education	<input type="checkbox"/> Postpartum Depression Screening or Treatment	<input type="checkbox"/> Women's Health Services
<input type="checkbox"/> Nutrition Education	<input type="checkbox"/> Preconception Care	<input type="checkbox"/> Other: _____

Updated State Plan Content & Criteria

1. Identification Of Targeted At-risk Community(ies)
2. Goals & Objectives
3. Selection Of Proposed HV Model(s)
4. Implementation Plan
5. Plan For Meeting Mandated Benchmarks
6. Plan For Administration
7. Plan For Continuous Quality Improvement
8. Memorandum Of Concurrence
9. Budget

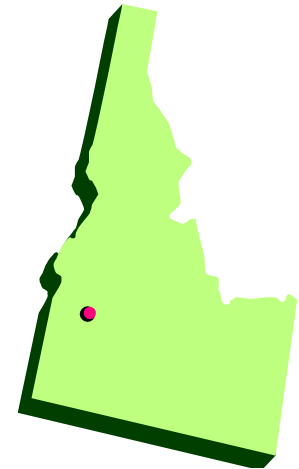


Identifying “Communities within Communities”

☞ Needs Assessment Data – assess counties

☞ Three methods of analysis

- Counties within “communities at risk”
- Counties across “communities at risk”
- Counties compared to state median



3 Methods	2 Methods	1 Methods
Shoshone	Kootenai	Benewah
Clearwater	Bonner	Lewis
Twin Falls		Lincoln
Jerome		Minidoka

Target Communities — Year 1

☞ Kootenai

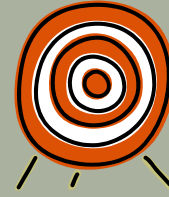
☞ Shoshone

☞ Twin Falls

☞ Jerome



Goals & Objectives



- ☞ **Goal 1:** Support community-based organizations to implement evidence-based home visiting programs in communities at-risk.
- ☞ **Goal 2:** Identify or develop a cross-model data system to facilitate collection, maintenance and reporting of performance and outcome indicators for the MIECHV program.
- ☞ **Goal 3:** By September 2012, improve access to maternal health services for women receiving home visiting services.
- ☞ **Goal 4:** By September 2012, increase training opportunities and assessments for home safety and injury prevention for home visitors employed by home visiting programs.
- ☞ **Goal 5:** By September 2012, increase home visiting workforce capacity through training of home visitors and supervisors to prepare for scale up of evidence-based home visiting.
- ☞ **Goal 6:** By September 2011, assure MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.

Assessed 11 programs that MAY be eligible

- [illegible]

Evidence-Based Home Visiting Model Selection

❖ Early Head Start - Home-Based Option ★

- Family Check Up
- Healthy Families America
- Healthy Steps

- Home Instruction Program for Preschool Youngsters (HIPPY)

- Nurse Family Partnership

❖ Parents as Teachers ★

❖ *Denotes program model exists in Idaho*

★ *Denotes program model selected for year 1*



Implementation Plan

Tentative Timeline

- ⌘ June 2011: News release
- ⌘ June 2011: Community meetings in target communities
- ⌘ July 2011: Capacity assessment in partnership with model developers
- ⌘ July – August 2011: Funding opportunity open – likely through RFP process
- ⌘ August 2011: Team review of applications
- ⌘ August 2011 – September 2012: Contract with evaluation partner to conduct participatory evaluation and provide technical assistance to subcontractors on data collection, management and analysis
- ⌘ September 2011: Award 2 subcontracts to successful applicants (Appox. \$175,000 each)
- ⌘ September 2011 – September 2012: Implementation of evidence-based home visiting
- ⌘ September 2011 – September 2012: Ongoing training, technical assistance, and monitoring

Anticipated RFP Process

- ☞ Idaho will request proposals to provide evidence-based home visiting via selected models (PAT & EHS) within four target communities
- ☞ Team review process will identify and select strongest proposals to fund
 - MIECHV program anticipates establishing 2 contracts for approximately \$175,000
- ☞ MIECHV program leaders will provide technical assistance during the RFP process to bidders
- ☞ Proposers will outline capacity and activities to adhere to MIECHV program requirements, including data collection, continuous quality improvement, model fidelity, etc.

Plan to Meet Benchmarks

☞ Must collect data on:

- *all* benchmark areas and *all* constructs
- eligible families enrolled in program who receive services with MIECHV program funds
- Individual-level demographics & service-utilization

☞ State must demonstrate improvements in:

- at least 4 benchmark areas by end of 3 years
- at least ½ of constructs under each benchmark area (>30 total constructs)

Maternal Health & Newborn Health	Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Department Visits
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Benchmarks Plan

∞ Maternal, Infant and Newborn Health

- Prenatal Care
- Preconception Care
- Parental Use of Tobacco
- Inter-birth Intervals
- Post-Partum Depression
- Breastfeeding
- Well-Child Visits
- Maternal Insurance Status
- Child Insurance Status



Benchmarks Plan

☞ Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction and Emergency Department Visits

- Child visits to the Emergency Department
- Maternal visits to the Emergency Department
- Injury prevention education
- Child injuries requiring medical treatment
- Reported suspected maltreatment for children in program
- Reported substantiated maltreatment for children in program
- First time victims of maltreatment for children in program



Benchmarks Plan



∞ School Readiness and Achievement

- Parental support for child's learning and development
- Parental knowledge of child development
- Parenting behaviors
- Parent-Child relationships
- Parental Stress or parental emotional well-being
- Child communication, language and emergent literacy
- Child cognitive skills
- Child's positive approaches to learning
- Child's social behavior, emotional regulation and emotional well-being
- Child's physical health and development



Benchmarks Plan

Domestic Violence

- Domestic Violence Screening
- Referrals made for families identified with Domestic Violence
- Completion of safety plan for families identified with Domestic Violence

Benchmarks Plan

Family Economic Self-Sufficiency

- Household income
- Household benefits
- Employment of adults in household
- Education of adults in household
- Health insurance status



Benchmarks Plan

∞ Coordination and Referrals for Other Community Resources and Supports

- Number of families identified for necessary services
- Number of families receiving referral for necessary services
- Number of memoranda of understanding within community services agencies
- Point of contact in agency responsible for connecting with other community-based organizations
- Number of completed referrals





Achieving Outcomes

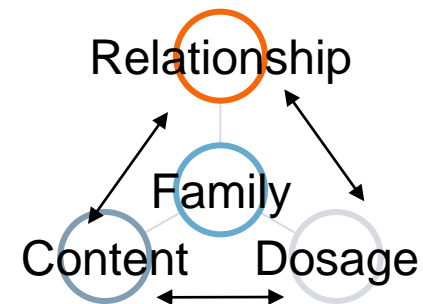
HmV Infrastructure Elements

- Planning
- Operations
- Workforce Development
- Funding
- Collaboration
- Communication
- Community & Political Support
- Evaluation

Aspects of HmV Programs Necessary to Achieve Outcomes

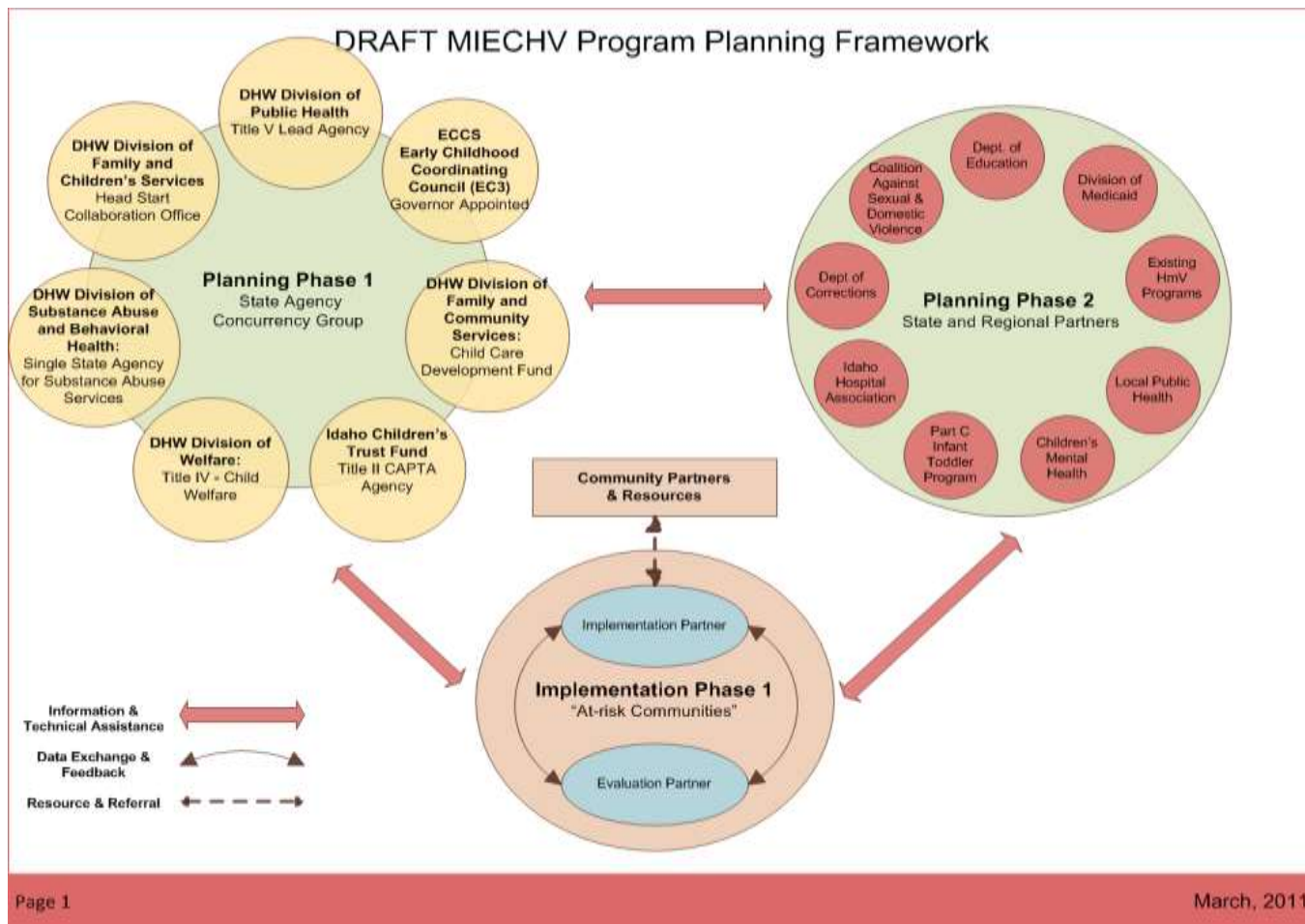
- Dosage
- Content
- Relationships
 - Family → Home Visitor
 - Supervisor → Home Visitor

Zero to Three Journal (2010) **Home Visiting: Past, Present, and Future** July, 30:6, 70 pgs.



Plan for Administration

- Program administration is within the Division of Public Health in the Department of Health and Welfare



Cross Agency Partnerships



“Required”

- ☞ Title V (MCH)
- ☞ Title II CAPTA (CA’N)
- ☞ Title IV-E & IV-B (Welfare)
- ☞ Substance Abuse (DHW)
- ☞ Child Care Development Fund (CCDF)
- ☞ Head Start Collaboration Office
- ☞ State Advisory Council on Early Childhood Education and Care (EC3)



“Strongly Urged”

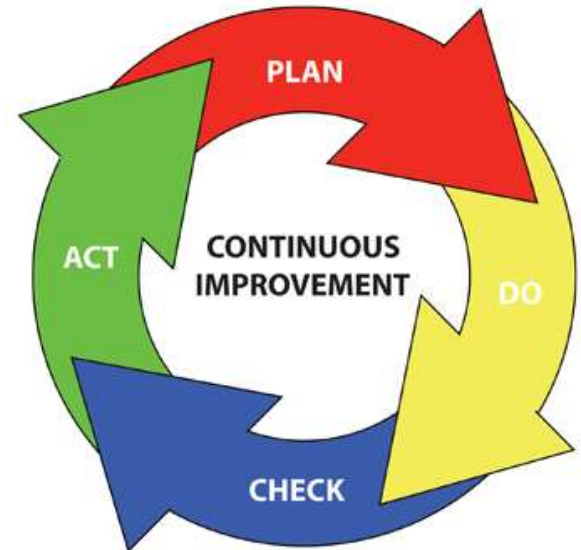
- ☞ IDEA Part C & B (ITP & Developmental Preschool)
- ☞ Title I (SDE)
- ☞ Medicaid/SCHIP

“Encouraged”

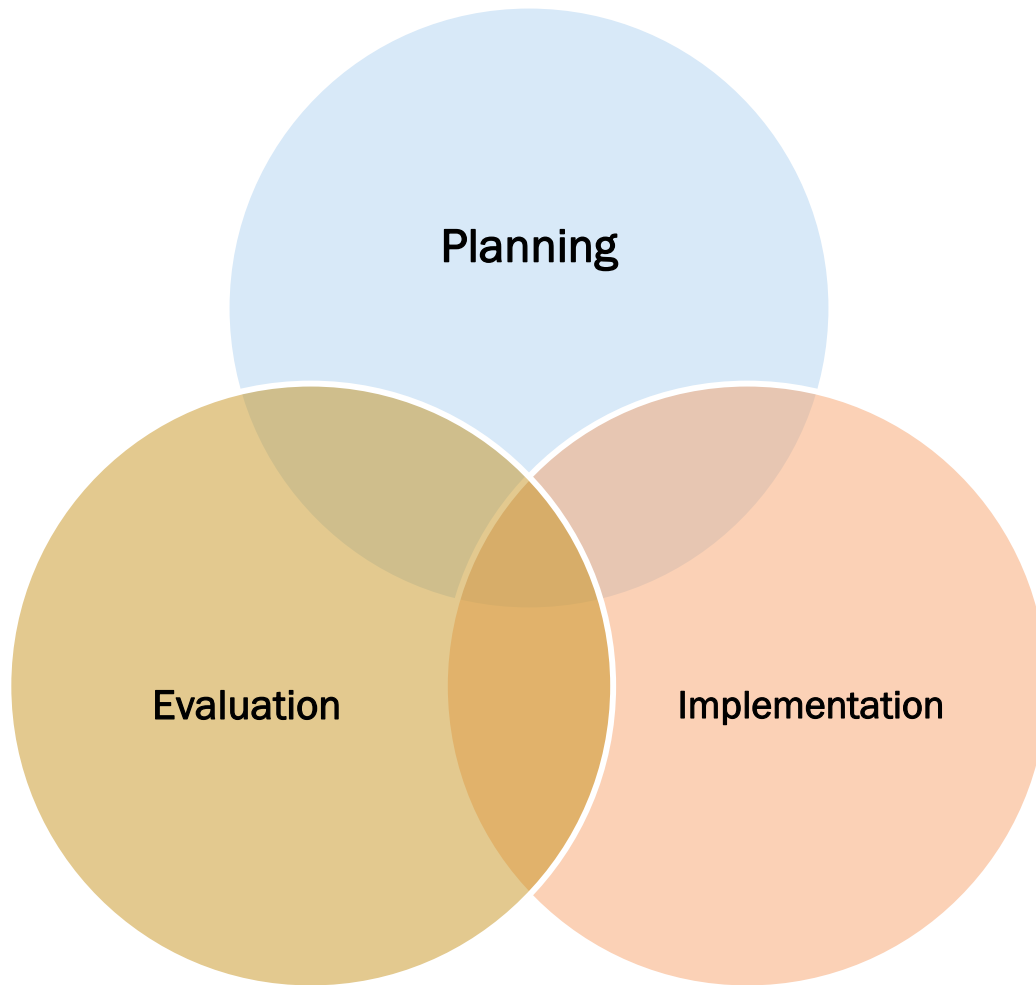
- ☞ Domestic Violence Coalition (IDVSA)
- ☞ Mental Health Agency (DHW)
- ☞ Public Health Agency (DHW)
- ☞ Dept. of Corrections
- ☞ TANF (DHW)
- ☞ SNAP (DHW)
- ☞ Injury Prevention and Control (DHW)

Plan for Continuous Quality Improvement

- ∞ Ongoing performance Improvement
- ∞ Data-driven decision making
- ∞ Monitoring processes
- ∞ Assessing model fidelity
 - Identification of Performance Indicators
 - Assessment
 - Initiative
 - Evaluation



CQI: Ongoing Monitoring



Critical Questions

Critical Questions:

- ✎ What exists in the state and community to facilitate success for families and evidence-base home visiting program?
- ✎ What level of collaboration is required to achieve this success?
- ✎ What strengths and barriers exist in the community that will influence success?



THANK YOU!

Questions and Discussion

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Visit us on the Web: www.homevisiting.dhw.idaho.gov



IDAHO DEPARTMENT OF
HEALTH & WELFARE